



DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

Maryland Board of Morticians and Funeral Directors

RENEWAL INSTRUCTIONS FOR CREMATORY OPERATORS

Postmarked No Later Than September 30, 2016

A late fee of \$400.00 will be assessed after October 15, 2016

This is your renewal notice for the October 1, 2016 through September 30, 2018 licensure period. Please print the application from the Board's website at www.dhmh.maryland.gov/bom under "Board News".

Carefully print your name and address on the application. If there are additions, corrections, or changes, please highlight them. All applications should have the email address completed, since that has become our main form of communication.

On the second page of the application are questions which must be answered in order for your license to be renewed. You will be receiving a sticker to place over the expiration date on your current license that will reflect the new expiration date.

The Board staff will, as required by law, review all Comptroller issues to insure they have been resolved before the Board will issue a license. If you have issues needing resolution, please call the Office of the Comptroller at 410-649-0633, 410-649-0621, or toll free 888-614-6337.

The Board does have the authority to charge a late fee if license renewal is not received by October 15, 2016. Although there is a grace period before the late fee is assessed, if not renewed, you will be practicing without a license as of September 30, 2016. Those who do not renew before October 15, 2016 will be assessed a late fee of \$400.00 as noted in COMAR 10.29.04.02 (P) Fee Schedule.

Please remit the renewal fee and make the check payable to the Board of Morticians and Funeral Directors. If you have any questions, don't hesitate to call the Board Office at 410-764-4792.

NO HAND DELIVERIES ACCEPTED



STATE OF MARYLAND

DHMH

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MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 Patterson Avenue • Baltimore, Maryland 21215 • 410-764-4792

RENEWAL APPLICATION FOR REGISTERED CREMATORY OPERATOR

(Non Refundable Crematory Operator Fee - \$300)

A late fee of 400.00 will be charged if the application is not received by 10/15/2016

Name: _____ Birth Date: _____

Social Security #: _____ RC # _____

Address of Record: _____

Mailing Address: _____

Name and Location of Crematory/ies for which you work:

Present Employment Status:

Full Time: _____ Part Time: _____ Other: _____ (Explain if other)

Work Telephone Number: _____ Employment Type: _____ Owner: _____
Employee: _____

Cell Phone Number: _____

Email Address: _____

PLEASE PROVIDE COPY OF CREMATORY OPERATORS CERTIFICATION CERTIFICATE

I HEREBY ATTEST TO THE FACT THAT I HAVE THE ABILITY TO READ, WRITE, AND COMPREHEND ALL APPLICABLE CREMATION LAWS AND INSTRUCTIONS.

Subscribed and sworn to before me this _____ day of _____

My Commission expires on _____

SEAL

CHARACTER - THIS SECTION MUST BE COMPLETED. ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ANSWERED "YES" IN THIS SECTION.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession?
<input type="checkbox"/>	<input type="checkbox"/>	Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed Services, denied your application for licensure, reinstatement or renewal; taken any action against your license, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment?
<input type="checkbox"/>	<input type="checkbox"/>	Have you surrendered or allowed your license to lapse while under investigation by a licensing or disciplinary board in any jurisdiction or an entity of the Armed Services?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently under investigation or have any complaints or charges been brought against you or are currently pending, in any jurisdiction, by any licensing or disciplinary board or entity of the Armed Services?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been charged with or pled guilty, nolo contendere, been convicted, received probation before judgment or other diversionary disposition of any criminal act or for a controlled dangerous substance offense (excluding minor traffic violations)?
<input type="checkbox"/>	<input type="checkbox"/>	Has your employment by any funeral establishment been affected by disciplinary actions, including probation, suspension, loss of privileges, transfer to other duties, or termination of employment or contract?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been diagnosed with a physical or mental condition that may affect your ability to practice the profession of crematory operator?
<input type="checkbox"/>	<input type="checkbox"/>	Has any claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you?

I certify that the above statements, to the best of my knowledge and belief are true, correct, and complete and made in good faith. As a crematory operator, I do solemnly swear to perform my duties in compliance with all laws, rules, and regulations of the State Department of Health and Mental Hygiene, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

Applicant Signature

Date